

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORKFELIX FELPO**15CV3136**

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

- 1) CITY OF NEW YORK
- 2) JOHN/JANE DOE WARDEN OF V.C.B.C./THE BOAT
- 3) V. VAZQUEZ, WARDEN OF THE ERIC M. TAYLOR
CENTER / C-76
- 4) CORIZON MEDICAL SERVICES (PRISONER HEALTH
SERVICES UTILIZED BY THE NEW YORK CITY
DEPARTMENT OF CORRECTIONS)

COMPLAINTunder the
Civil Rights Act, 42 U.S.C. § 1983
(Prisoner Complaint)Jury Trial: ☒ Yes ☐ No
(check one)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name

Mr. FELIX FELPO

ID #

349-15-00070

Current Institution

ERIC M. TAYLOR CENTER

Address

10-10 HAZEN STREETEAST ELMHURST, NEW YORK 11370

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

RECEIVED
SDNY PRO SE OFFICE
2015 APR 20 AM 8:47

Defendant No. 1 Name CITY OF NEW YORK Shield # _____
 Where Currently Employed _____
 Address _____

Defendant No. 2 Name JOHN/JANE DOE ~~Shield #~~ WARDEN
 Where Currently Employed V.C.B.C. A.K.A. "THE BOAT"
 Address A FLOATING DETENTION CENTER LOCATED IN BRONX COUNTY.

Defendant No. 3 Name V. VAZQUEZ ~~Shield #~~ WARDEN
 Where Currently Employed ERIC M. TAYLOR CENTER
 Address 10-10 HAZEN STREET
EAST ELMHURST, NEW YORK 11370

Defendant No. 4 Name CONELON Shield # _____
 Where Currently Employed NEW YORK CITY DEPT' OF CORRECTIONS'
MEDICAL UNITS
 Address _____

Defendant No. 5 Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

- A. In what institution did the events giving rise to your claim(s) occur? AT THE ERIC M. TAYLOR CENTER (C-76) AND ALSO AT V.C.B.C. (THE BOAT)
- B. Where in the institution did the events giving rise to your claim(s) occur? AT V.C.B.C. (A FLOATING DETENTION CENTER IN THE BRONX, COMMONLY KNOWN AS "THE BOAT") AND AT ERIC M. TAYLOR CENTER/C-76 INSIDE OF THE MARSHALL.
- C. What date and approximate time did the events giving rise to your claim(s) occur? JANUARY 19, 2015 AND ALSO JANUARY 20, 2015 UNTIL APPROXIMATELY MARCH 20, 2015

D. Facts: On the date of January 19, 2015 I was in the Eric M. Taylor Center / C-76 (herein after E.M.T.C. or C-76) in my housing unit (B-Upper) and was ordered to "pack-up" (gather all of my belongings) so that I can be moved to another facility in order to work. I had informed the officers in the Eric M. Taylor Center that I could not perform any physical duties due to an injury that nearly left me permanently crippled. I also showed the scars of my many operations and was ridiculed by the officers and verbally abused. I was still transferred to V.C.B.C. without viewing my doctor's note stating that I should not work, and could not work. When I arrived at "The Boat" I had spoken to staff and explained the same thing to them and was sent back to C-76. The very next day I went through the same thing (1-20-2015). When I was returned to C-76 on 1-20-2015 for the second time I was threatened with a loss of good time along with an interaction if I did not work. I was forced to work in the C-76 kitchen (messhall) for approximately 2 months which caused me further injury and pain. My grievances did nothing. Medical staff, that are employed by the New York City Department of Corrections, began writing temporary "no-work" orders when they clearly knew for a fact that my medical condition was and is permanent. I am medically disabled and Correction Medical Services' staff was made aware and was told that they're actions equaled medical malpractice. Corrections staff had called me "clackheads", "dope-fiend" and "worthless" while making threats against me and then forced me to work and called me a "slave".

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. Pain, Suffering, Injury, Deliberate Indifference, Violation of Medical Treatment, Violation of Medical Diagnosis, Violation of Prisoner's Health, Violation of Prisoner's Rights, Medical Malpractice, Failure to Act, Intent to Cause Injury, Ignoring Documented Medical Conditions, Ignoring Doctors Orders for Patient Not to Work, Threats, Harassment, Verbal & Physical Abuse, Mental Cruelty,

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes ☒ No ☐

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

- B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ☒ No ☐ Do Not Know ☐

- C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ☐ No ☐ Do Not Know ☒

If YES, which claim(s)? _____

- D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes ☒ No ☐

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ☐ No ☐

- E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

THE ERIC M. TAYLOR CENTER

1. Which claim(s) in this complaint did you grieve? ALL ISSUES RAISED IN THIS

CLAIM

2. What was the result, if any? NOTHING AT ALL. THERE WAS NO RESPONSE.

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. I CONTACTED THE MEDICAL UNIT AND HAD BEEN ISSUED A TEMPORARY "NO WORK" NOTICE EVEN AFTER MEDICAL STAFF COULD CLEARLY SEE THAT MY CONDITION WAS PERMANENT, I AM DISABLED. AFTER INFORMING WARDEN'S DEPUTY'S, CAPTAINS AND WORK-CREW OFFICERS OF MY CONDITION I WAS THREATENED (AND FORCED TO WORK) WITH A LOSS OF GOOD TIME.

- F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: _____

N/A

2. If you did not file a grievance but informed any officials of your claim, state who you

informed, when and how, and their response, if any: _____

- G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. I HAVE DONE ALL THAT I COULD TO EXHAUST MY ADMINISTRATIVE REMEDIES AND NOTHING HAS BEEN DONE TO ASSIST ME IN THIS MATTER.
- _____

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount). I AM SEEKING THE AMOUNT OF TWENTY MILLION DOLLARS ("20,000,000.") FOR ALL OF THE INJURIES THAT ARE STATED IN THE "INJURIES" SECTION OF THIS CLAIM AS WELL AS THOSE THAT ARE STATED IN THE "FACTS" SECTION OF THIS CLAIM OUTRIGHT OR BY THE ACTIONS AND/OR IN-ACTIONS STATED THEREIN.

On
these
claims

VI. Previous lawsuits:

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes ___ No ☒

B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes ___ No ☒

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

On
other
claims

C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes ___ No ☒

D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes ___ No ☒

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

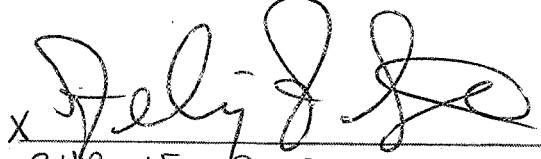
I declare under penalty of perjury that the foregoing is true and correct.

Signed this 12th day of April, 2015.

Signature of Plaintiff

Inmate Number

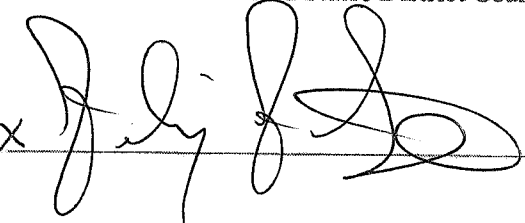
Institution Address

X 
349-15-00070
ERIC M. TAYLOR CENTER / C-76
10-10 HAZON STREET
EAST ELMHURST, NEW YORK
11370

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 12th day of APRIL, 2015, I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

X 

Mr. Felix Fido
10-10 Hazard Street
East Elmhurst, New York 11370

RECEIVED
SDNY PRO SE OFFICE

APR 20 A 8:47

Pro Se
4/16/15

1000781316

13 APR 2015 PM 14 L

NEW YORK NY 100



SDNY
DISTRICT OF NEW YORK
500 Pearl Street
New York, New York 10007